

SHORT TITLE:

CASE NUMBER:

ATTACHMENT (Number): _____

Page _____ of _____

(This Attachment may be used with any Judicial Council form.)

(Add pages as required)

RECEIPT OF PUBLIC ASSISTANCE:

1. Name of child _____

2. Type of public assistance received _____

3. Amount per month received _____

4. Person receiving funds _____

1. Name of child _____

2. Type of public assistance received _____

3. Amount per month received _____

4. Person receiving funds _____

1. Name of child _____

2. Type of public assistance received _____

3. Amount per month received _____

4. Person receiving funds _____

1. Name of child _____

2. Type of public assistance received _____

3. Amount per month received _____

4. Person receiving funds _____

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)